

ILLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL  
COST REIMBURSABLE CPTF

D. O. Vou. No. \_\_\_\_\_  
Completion Voucher  
Bu. Vou. No. \_\_\_\_\_

U. S. \_\_\_\_\_

(Department, bureau, or establishment)

Voucher prepared at FOIAb3a \_\_\_\_\_

June 22, 1959

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To \_\_\_\_\_

FOIAb3a

PAID BY

Encl #1  
Dup. 5359-59  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms Net	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
Amount Brought Forward						939.19	
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from _____ to _____		Weight _____	Government B/L No. _____		Total	939.19	
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space) Differences _____			
FOIAb3a FOIAb3a (Sign original only)				Amount verified; correct for _____		939.19	
Contract No. _____ Date 9-9-58 Reg. No. _____				Date _____ Invoice Rec'd. _____			

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

SEE REVERSE SIDE HEREOF  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title FOR AUDITOR'S CERTIFICATE

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

FOIAb3a

OFFICER

CONTRACTING OFFICER

FOIAb3b

FOIAb3b

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ { favor of payee named above.  
(Sign original only)

\* When a voucher is prepared in the name of a company or corporation, the name of the  
writing the company or corporate name, as well as the name of the person who is  
"John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is nec-  
essary; otherwise the approving officer will sign on the line below "Approved by \_\_\_\_\_"  
over his official title.

8200000  
METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐.
2. (a) Advertising by circular letters sent to \_\_\_\_\_ dealers.  
(b) And by notices posted in public places Yes ☐ No ☐.

(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

614100100  
ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with \_\_\_\_\_
5. Without advertising, it being impracticable to secure competition because of \_\_\_\_\_


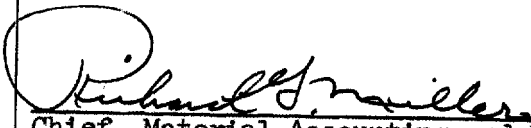
(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

Public Voucher for Purchases and Services Other Than Personal  
Approved For Release : CIA-RDP64-00360R000800020004-8

CONTINUATION SHEET

U. S. DEPARTMENT OF THE NAVY - BUREAU OF AERONAUTICS  
(Department, bureau, or establishment) Sheet No. 1 of Bureau Voucher No. 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		To claim reimbursement for amounts previously withheld on Public Voucher No. 1 to Contract NOas 58-817					
		Total amount of Overhead applicable to Contract NOas 58-817 per Schedule I attached to Public Voucher No. 1				7,170.44	
		Less amount previously reimbursed				6,453.40	
		Amount due contractor					717.04
		Total Contract Fixed Fee				1,481.00	
		Less amount previously reimbursed				1,258.85	
		Amount due contractor					222.15
		We certify that the foregoing statement of cost is correct and just and payment has not been received.					
		 Chief Accountant					
		 Chief, Material Accounting and Billing					
		Total				939.19	